

SPEAKER: As lipid specialists, we believe in lower is better. The more you lower LDL, the more you lower non-HDL cholesterol, the better.

And so again, the magnitude of the LDL decrease, the absolute magnitude, is just as great for somebody going from 70 to 35 as going from 100 down to that same 60. So the baseline LDL isn't that critical. It's really understanding the patient's underlying disease process.

And if you as a clinician-- lipidologists, in particular-- you believe you need to do more to basically disrupt that disease process, that means getting LDL down to that below 50. And ACE guidelines do have that very high-risk group, that recent ACS, recent coronary syndrome, where the goal is below 50.

So I think that once people understand the mechanism of action of atherosclerosis and it's triggered by LDL, non-HDL, cholesterol levels and it's about the patient's underlying disease process and how that's progressing, we can make a big difference, even when LDL levels are in that considered maybe OK range, in the 70 range or so, when it comes to how we can overall improve their outcomes.